

Home & Community Based Services On-line Billing Instructions

Billing maintenance:

Step 1: Enter your billing date by clicking on the calendar icon to the right of each billing period. Choose the beginning billing date and the ending billing date OR manually type in the billing dates in the following format: MM/DD/YYYY.

Manual File Creation: File Transfer System (DHS) North Dakota State Government - Microsoft Internet Explorer

Address: http://dhsweb013.dhs.nd.gov/ftp/mmsft/public/app/manualFile.htm

Testing Purposes Only

North Dakota
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north dakota
department of
human services DHS File Transfer System

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Billing Maintenance

[Help with Billing](#) (79 kb PDF)

*Billing Date: Begin End (mm/dd/yyyy)

[Select All](#) | [Clear All](#)

Select for Billing	Recipient Name	Recipient #	Provider #	Last Billing Date	Action
<input checked="" type="checkbox"/>	J JOHNSON	560250111	32000	02/29/2008	Edit Billing Detail Delete Recipient
<input checked="" type="checkbox"/>	B KING	328896	32055	01/31/2008	Edit Billing Detail Delete Recipient
<input type="checkbox"/>	M NIKOLAS	560012345	33345	02/29/2008	Edit Billing Detail Delete Recipient
<input type="checkbox"/>	J RAMONE	484848482	32055	01/31/2008	Edit Billing Detail Delete Recipient
<input type="checkbox"/>	J SCHMOE	560001234	32000		Edit Billing Detail Delete Recipient
<input type="checkbox"/>	J SMITH	560090878	33009	01/31/2008	Edit Billing Detail Delete Recipient
<input type="checkbox"/>	Y YANKE	323234355	32055	02/29/2008	Edit Billing Detail Delete Recipient

[Add Recipient](#)

[Select All](#) | [Clear All](#)

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We use Secure Sockets Layer (SSL) encryption technology to ensure your information is secure and protected.

Step 2: Click on add recipient. This will allow you to enter the name of your recipient(s) by taking you to the recipient claim maintenance page.

Manual File Claim Form: File Transfer System: DHS: North Dakota State Government - Microsoft Internet Explorer

Address: http://dhs5111.nd.gov/dhs/mmisf/public/app/manualFile.htm

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Recipient/Claim Maintenance

Provider Information

Provider #:

Provider Initials:

Recipient Information

Recipient Last Name: Recipient First Initial:

Recipient ID: (999999999)

Billing Details

Detail Number	Procedure Code	Days From	Thru	Units	Bill Amt
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Use the tab key to move from field to field

You are now on the recipient /Claim maintenance page

Step 3: Enter your provider information including your provider number and your provider initials. The provider initials need to match the 2 character initials that were assigned to you when you registered with Medicaid.

Step 4: Enter the recipients information including the recipient's last name, recipient's first initial and recipient's ID

Step 5: Under billing details enter:

- The procedure code
- The from day and through day
- The billing units
- The billed amount

****Remember to print a copy of each recipients billing detail by clicking on 'FILE' on the toolbar (top of screen) and then choosing the print option from the drop down menu.**

Click on **Finish** or **Save and Add Another** if you want to enter additional recipients. **You can continue to enter as many recipients as necessary.** These buttons (Finish or Save & Add Another) are located at the bottom of the screen.

Manual File Creation: File Transfer System: DHS: North Dakota State Government - Microsoft Internet Explorer

Address: http://dhsweb01.nd.gov/dhs/mmsft/public/app/maintenanceFile.htm

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[Add Recipients](#)

[Select All](#) | [Clear All](#)

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The billing detail for each recipient will need to be added each month. To create a billing in future months click on edit billing detail under the action header.

If you need to delete a recipient from the detail billing page click delete recipient

When you are finished entering the billing detail information click on the **UPDATE** button at the bottom of the screen or hit enter. This will take you back to the billing maintenance page.



DHS File Transfer System

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Billing Confirmation

Billing Period: 08/01/2008 - 08/31/2008.

Client Name	Recipient #	Provider #	Billed Amount
L BARGE	812784718	000032000	\$10.00
N DOLL	560098765	32456	\$2,256.00
M NIKOLAS	560098765	33456	\$250.00

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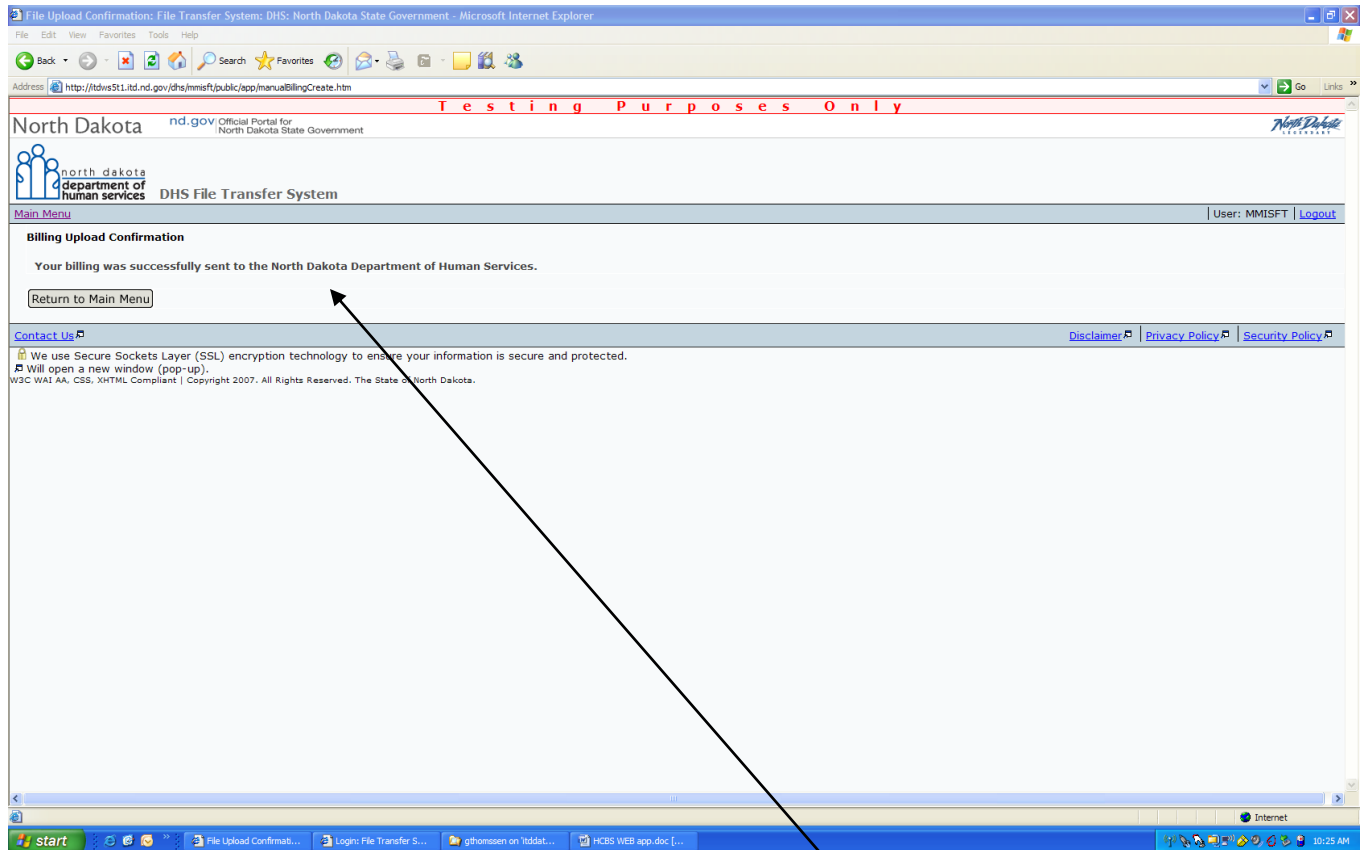
Will open a new window (pop-up).

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The billing confirmation page will appear which will confirm the clients name & number, provider number, billed amount, and the billing period.

Step 8: If everything is correct click on the Confirm button.

If you need to make a change, or add or delete a recipient, click the Cancel button to go back and edit the billing information.



When you click on the confirm button you will receive a Billing Upload Confirmation page that confirms that your bill was successfully sent / uploaded to the Department of Human Services.

